

UNITED STATES DISTRICT COURT
DISTRICT OF DELAWAREDAVID Scott YARNALL

Plaintiff

V.

PLM Law 10732 001

Defendant(s)

APPLICATION TO PROCEED
WITHOUT PREPAYMENT OF
FEES AND AFFIDAVIT

CASE NUMBER:

501

I, DAVID Scott YARNALL

declare that I am the (check appropriate box)

Petitioner/Plaintiff/Movant • Other

in the above-entitled proceeding; that in support of my request to proceed without prepayment of fees or costs under 28 USC §1915, I declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief sought in the complaint/petition/motion.

In support of this application, I answer the following questions under penalty of perjury:

1. Are you currently incarcerated? Yes • No (If "No" go to Question 2)

If "YES" state the place of your incarceration

SUSSEX CORRECTION INSTITUTION

FILED

AUG 14 2006

U.S. DISTRICT COURT
OF DELAWAREInmate Identification Number (Required): 548973Are you employed at the institution? NO Do you receive any payment from the institution? NO

Attach a ledger sheet from the institution of your incarceration showing at least the past six months' transactions

2. Are you currently employed? • Yes No

a. If the answer is "YES" state the amount of your take-home salary or wages and pay period a and give the name and address of your employer.

b. If the answer is "NO" state the date of your last employment, the amount of your take-home salary or wages and pay period and the name and address of your last employer. APRIL 11th 2005

For NETS ON LONGNECK RD MILLSBORO DE 19966 \$369.00

3. In the past 12 twelve months have you received any money from any of the following sources?

a. Business, profession or other self-employment	<input type="radio"/> • Yes	<input checked="" type="checkbox"/> No
b. Rent payments, interest or dividends	<input type="radio"/> • Yes	<input checked="" type="checkbox"/> No
c. Pensions, annuities or life insurance payments	<input type="radio"/> • Yes	<input checked="" type="checkbox"/> No
d. Disability or workers compensation payments	<input type="radio"/> • Yes	<input checked="" type="checkbox"/> No
e. Gifts or inheritances	<input type="radio"/> • Yes	<input checked="" type="checkbox"/> No
f. Any other sources	<input type="radio"/> • Yes	<input checked="" type="checkbox"/> No

If the answer to any of the above is "YES" describe each source of money and state the amount received AND what you expect you will continue to receive.

4. Do you have any cash or checking or savings accounts? • • Yes No
If "Yes" state the total amount \$ _____
5. Do you own any real estate, stocks, bonds, securities, other financial instruments, automobiles or other valuable property? • • Yes No
If "Yes" describe the property and state its value.
6. List the persons who are dependent on you for support, state your relationship to each person and indicate how much you contribute to their support, OR state *NONE* if applicable.

C Y CHILD SUPPORT 93.52 A WEEK

I declare under penalty of perjury that the above information is true and correct.

8-3-06
DATE



SIGNATURE OF APPLICANT

NOTE TO PRISONER: A Prisoner seeking to proceed without prepayment of fees shall submit an affidavit stating all assets. In addition, a prisoner must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

Printed: 8/4/2006

Average Daily Balance For Pauper Filing
For Days the Individual was in Residence at SCI from 7/13/2006 through 7/31/2006

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SBI: 00548973

NAME: YARNALL, DAVID S

Date	Balance
07/13/2006	\$5.41
07/14/2006	\$5.41
07/15/2006	\$5.41
07/16/2006	\$5.41
07/17/2006	\$5.41
07/18/2006	\$5.41
07/19/2006	\$5.41
07/20/2006	\$5.41
07/21/2006	\$35.41
07/22/2006	\$35.41
07/23/2006	\$35.41
07/24/2006	\$35.41
07/25/2006	\$35.41
07/26/2006	\$10.70
07/27/2006	\$9.95
07/28/2006	\$29.95
07/29/2006	\$29.95
07/30/2006	\$29.95
07/31/2006	\$29.95

Summary for 'SBI' = 00548973 (19 detail records)

Average Daily Balance: \$18.99

00-501



BD scanned

Prior Month -- Individual Statement

Date Printed: 8/4/2006

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For Month of July 2006

SBI 00548973	Last Name YARNALL	First Name DAVID	MI S	Suffix	Beg Mth Balance:	\$5.41
Current Location: PRE-TRIAL UNIT 1						

INMATE ACCOUNT STATEMENT

TO: Inmate Name: YARNALL DAVID S.
(Last) (First) (M.I.)
SBI Number: 548973
Housing Unit: Pr-HU#1

FR: Inmate Account Technician

DA:

RE: Summary Of Account

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Attached is your account statement for the six month period of 07-13, 2006
through 07-31, 2006.

Utilizing the calculation formula described in BOP Procedure 5.4, your average daily balance for this
period is \$ 18.99.

Attachment

Phyllis Redden

Notary

PHYLLIS REDDEN
Notary Public, State of Delaware
My Commission Expires October 31, 2007

FOR
INMATE ACCOUNT ACTIVITY STATEMENT

Inmate Name: YARNALL DAVID SBI Number: 548973
(Last) (First) (M.I.)
Housing Unit: P1-H0#1
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In accordance with Bureau of Prisons Procedure 5.4 entitled "In Forma Pauperis", please provide a summary of my account transactions.

JAL
Inmate Signature

Judith Ann Lederman
Notary

Inmate Account Activity Statement will be processed only after staff verifies your legal documents are complete.

Date received by business office RECEIVED

AUG 03 2006

JUDITH ANN LEDERMAN
NOTARY PUBLIC, STATE OF DELAWARE
My Commission Expires August 19, 2007

SCI BUSINESS OFFICE